



Commonwealth  
of Massachusetts

Center for Health  
Information and Analysis

# All Payer Claims Database Data Volume Reports

## 2008 - 2012

### March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: [CHIA-APCD@state.ma.us](mailto:CHIA-APCD@state.ma.us).

Thank you for your interest in the All Payer Claims Database.



Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)  
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

<b>Aetna Life Insurance Company</b>														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	24,274	24274
PR	2011	0	0	24,372	0	24,388	24,404	0	0	24,439	0	0	24,556	122159
PR	2012	0	0	28,151	0	0	29,862	0	0	32,598				90611
ME	2009	0	0	0	0	0	0	0	0	0	0	0	598,786	598786
ME	2010	0	0	0	0	0	0	0	0	0	0	0	834,333	834333
ME	2011	949,394	951,957	954,208	964,328	969,442	966,490	1,020,916	1,063,665	1,060,995	1,091,045	1,093,711	978,796	12,064,947
ME	2012	1,045,481	1,040,574	1,044,510	1,041,923	1,038,632	1,012,745	1,010,989	1,000,298	1,018,925	1,017,857	1,009,899		11,281,833
PV	2011	2,401,427	2,401,427	2,401,427	2,401,427	7,733,241	2,926,608	2,882,532	2,889,131	2,931,070	3,002,183	3,058,750	3,095,429	38,124,652
PV	2012	3,030,000	3,114,933	3,040,123	2,401,427	2,344,791	2,231,026	2,138,749	1,987,306	2,124,313	2,562,515			24,975,183
MC	2008	115,055	210,658	231,624	247,871	253,604	245,818	257,077	240,998	260,752	269,724	254,556	267,707	2,855,444
MC	2009	275,061	304,122	343,580	348,103	325,972	344,340	335,168	315,748	336,932	357,224	326,605	352,566	3,965,421
MC	2010	309,300	336,681	394,698	369,299	344,709	356,759	339,447	334,684	347,965	376,722	361,511	357,782	4,229,557
MC	2011	311,323	322,897	394,839	357,251	358,369	365,552	331,527	363,277	352,558	369,183	359,335	384,338	4,270,449
MC	2012	325,555	335,368	353,237	334,146	352,839	336,366	312,116	334,783	315,722	363,574			3,363,706
PC	2008	23,063	22,247	23,279	24,587	25,453	25,658	26,445	26,620	27,316	30,168	29,122	32,176	316,134
PC	2009	37,930	37,809	41,925	43,442	43,650	45,482	46,030	48,212	50,335	54,241	54,128	57,095	560,279
PC	2010	53,495	50,085	57,018	54,627	53,568	55,244	53,542	52,866	50,292	52,091	53,606	55,256	641,690
PC	2011	55,193	49,664	57,984	54,962	57,342	58,256	54,746	53,295	56,254	56,081	56,032	58,396	668,205
PC	2012	53,789	50,386	54,405	50,878	60,451	56,639	50,744	50,518	47,927	45,749	24,525		546,011
DC	2008	38,376	53,588	56,651	59,322	57,778	54,113	56,095	53,073	53,348	58,568	50,774	55,098	646,784
DC	2009	55,745	58,920	63,055	64,682	59,320	62,624	59,703	57,363	58,186	58,292	55,308	61,837	715,035
DC	2010	56,152	56,164	66,808	62,161	59,874	62,282	57,103	59,229	57,282	55,712	58,697	58,012	709,476
DC	2011	56,495	51,100	66,568	58,298	59,207	60,547	51,462	57,544	52,794	54,081	54,740	56,945	679,781
DC	2012	55,843	52,269	56,773	52,134	55,997	53,254	47,754	53,719	45,045	51,878	49,129		573,795

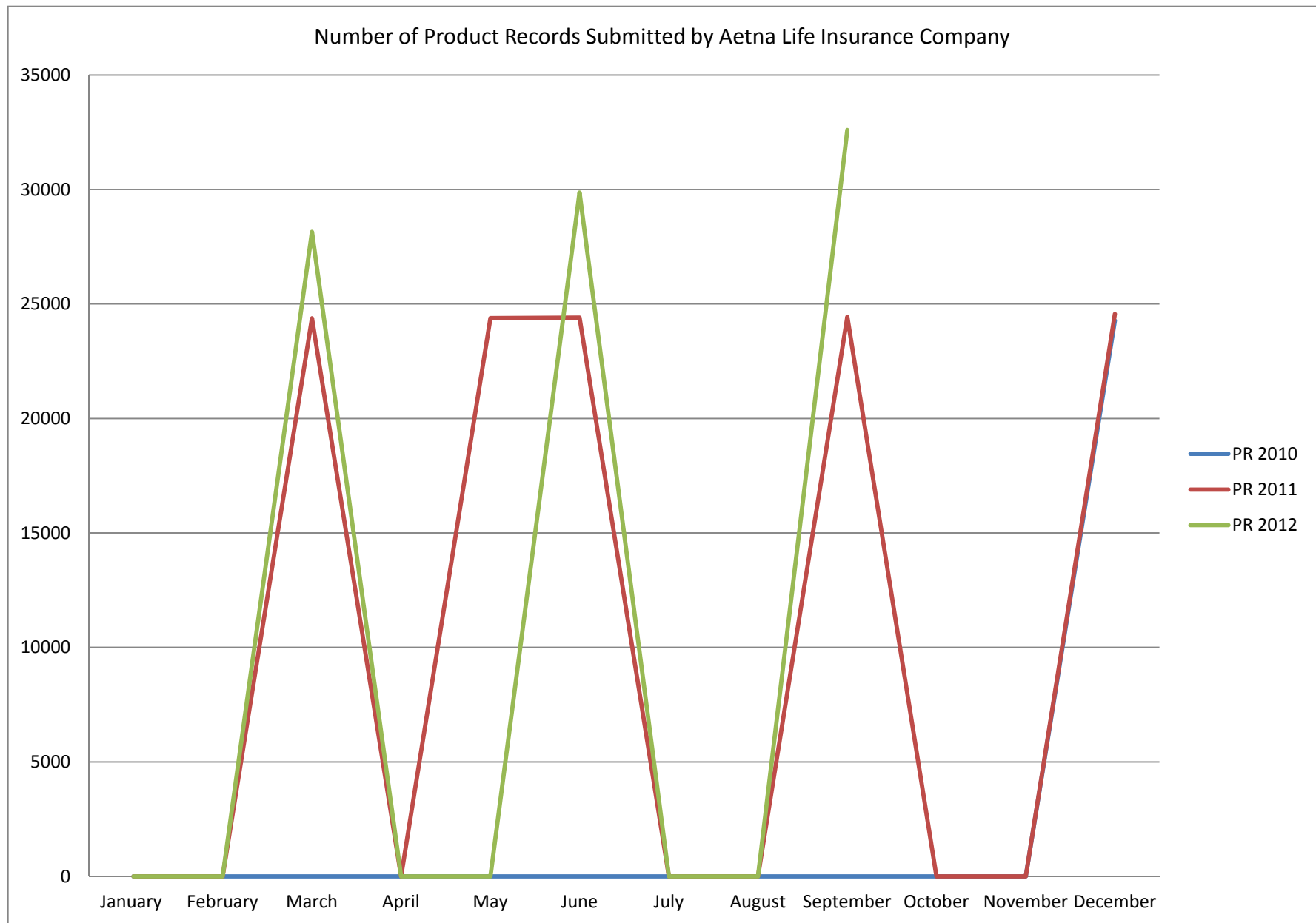
**\*Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

**The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:**

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and/or non-compliance.

**These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.**







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